Perceived Social Support and Help-Seeking Among U.S. Chinese Older Adults Who Reported Elder Mistreatment

Summary

Chinese elders make up one of the largest Asian immigrant populations in the United States. Like other immigrant groups, Chinese elders may experience unique language, financial, and acculturation barriers that make them particularly vulnerable to elder mistreatment (EM). Despite the prevalence of abuse among Chinese elders, their experiences with EM remain underreported and understudied. Chinese elders often deny or fail to recognize an abusive situation and are less likely to seek formal or informal help compared to other racial and ethnic groups. This may be due to traditional cultural values emphasizing family harmony and saving face, especially if perpetrators are loved ones. Ying-Yu Chao and colleagues examined the impact of perceived social support (PSS) from family, friends, and/or others on formal and/or informal help-seeking intentions and behaviors for EM among community-living Chinese American elders.¹

Methods

Researchers conducted a secondary analysis of data from the Population Study of Chinese Elderly in Chicago (PINE), a community-based participatory research project that recruited over 3,000 Chinese elders aged >60 years old within the Greater Chicago area. Data was elicited from the second wave PINE study collected from 2013-2015. Among the participants, 450 (approximately 14%) reported having experienced some form of EM including caregiver neglect, psychological mistreatment, financial exploitation, physical mistreatment, sexual mistreatment, and poly-victimization (more than 2 subtypes).

The study sample of 450 responded to an adapted 12-item questionnaire from the National Social Life, Health and Aging Project (NSHAP) to assess PSS. Higher scores indicated higher levels of social support. To examine informal and formal help-seeking intentions and behaviors among the cohort, participants were given an adapted General Help-Seeking Questionnaire (GHSQ) and Actual Help Seeking Questionnaire (AHSQ). The survey featured seven "informal sources" such as partner, children, or friends and ten "formal sources" such as primary care physicians, Chinese medicine doctors, community organizations, and adult protective services. Participants indicated the sources from whom they intended to seek help, and rated the likelihood that they would reach out to them. Higher scores indicated higher levels of help-seeking intention.

Statistical analysis of the responses were controlled for confounding factors including age, gender, marital status, education, income, insurance, health status, and acculturation.

Results

- Approximately 54% of the study participants reported seeking informal help, nearly 32% reported seeking no help at all; about 11% reported seeking both formal and informal assistance; and 3.75% reported seeking formal help alone
- Chinese elders in the study who perceived social support were more likely to seek helping resources, in general, and more often from informal sources
- The most common informal sources of help were adult children followed by partner and friends/neighbors/colleagues
- Among the few Chinese elders who did seek formal sources of help, the most common sources were community social services organizations followed by the criminal justice system

Key Takeaways

- In the study sample socio-cultural factors inhibited, and PSS facilitated, help-seeking behaviors
- Chinese immigrant elders face several barriers to seeking help for EM, including cultural values (filial piety, saving face, and interdependency), linguistic differences, and lower health literacy
- Older Chinese immigrants who experienced psychological abuse had the lowest help-seeking intentions across EM types
- Improving the social support network among Chinese immigrant elders may help increase overall help-seeking to address EM



Implications for Practice

We need to strengthen linkages between informal and formal sources of support. Given that Chinese elders tend to access informal sources like adult children and partners first, future interventions against EM can focus on empowering informal sources to enlist the help of formal sources. Awareness-building campaigns in community settings, for example, could help educate the family, friends, and general community that interact with Chinese immigrant elders. Creating a trusting relationship between informal and formal sources of support is also crucial. Culturally competent professionals in healthcare, law enforcement, and social services could implement regular EM screenings and normalize the experience of doing so. Last but not least, ongoing research is necessary to study the barriers to informal and formal help-seeking and therefore help develop targeted solutions addressing these barriers. The PINE Study was limited to Chinese elders within the Greater Chicago area. Studying more diverse populations of Chinese elders (as well as other immigrant populations) and their social support networks will be essential to creating truly culturally tailored solutions to EM.



Keck School of Medicine of USC

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